Signature

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



FORM-GB			
	nformation received or accepted by the ualf of the state		
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Date

owa Code section 8.7 requires all gifts and bequests given to any department of the state of loward received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of his report to the Government Oversight Committee. This form is to be filed within 20 days of eccipt of the gift or bequest.		Audited Checked Computer Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:		9
Mt. Pleasant Mental Health Institute		
Name of Department or Office		11
	ant, IA 52641 ate, Zip Code	
319-385-9511 Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Ron Mullen	•	
Name Same	Same	Taylor
Mailing Address (if different from above)	Clty, State, Zip (if different fro	om above)
Ron.Mullen@lowa. gov Email Address	Area Code & Telephone Nun	nher (if different from above)
Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	June, 2011 Date of Gift or Bequest *value is defined as "fair mar receiving department or office	\$415.00 Amount/Value* ket value" of item as determined by e. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:		
For Patient Use.		
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state of	or received by the Governor on	behalf of the state.
Statement of Affirmation: affirm that the gift or bequest reported above is a issessment of the fair market value (if applicable) is correct and true to the best	occurate. I further affirm that the	information concerning the donor and

/ MPCF

Mt. Pleasant Mental Health

Jun-11

Date	Name	Address	Reason	Amount
6/1/2011	Muscatine Cty American legion Auxillar	у	Veternan Dinner	\$250.00
6/1/2011	Muscatine Cty American legion Auxillar	у	Cash	\$20.00
6/7/2011	Muscatine Cty American legion Auxillar	y	Cash	\$10.00
6/23/2011	Debbie Smith	5324 Northwest 90th Ct., Johnston, IA 50131	clothes/ DVD play	\$135.00
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Total Amount: \$

415.00

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.lowa.gov/ethics



towa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FOR	M-GBG
Gift, Bequest, or of received by a dep accepted by the Cof the state	
For office	ea use only
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State Training School	
Name of Department or Office	
	Eldora, IA, 50627 City, State, Zip Code
641-852-3401	
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	ICE:
Kristin Hagedon	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above)	City, State, Zip (if different from above)
khagodo@dha araw.ia.us	
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Viscotor Church of the Persham of Mr. Alice Person	—
Ivester Church of the Brethren, c/o Ms. Alice Draper	
32668 232nd St. Eldora, IA 50627	
Mailing Address City, State, Zip Code	6/23/2011 \$ 141.00
Huming Fundaces Out, Store, Ep Code	11
Area Code & Telephone Number	Date of Gift, Bequest, or Grant Amount Value?
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (opilonal)	Techang department of once. If no value mark 0.00.
Provide a description of the gift, bequest, or grant and purpose thereof.	
food & gifts for a student birthday party	
1000 or Euro 101 a practor offereal barry	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any departmen	it of the state or received by the Governor on behalf of the state.
atement of Affirmation:	
Kristin Hagedon	
alfirm that the gift, bequest, or grant report nor and assessment of the fair market value (if applicable) is correct and	ted above is accurate. I further affirm that the information concerning the
The state of the s	
al * . ! al	
Kristin Hagedon	6/23/11 Date
Signature	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.lowa.gov/ethics



Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked Computer			
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DEPARTMENT	OR OFFICE RECE	IVING THE GIFT	, BEQUEST, (OR GRANT

State Training School		
Name of Department or Office 3211 Edgington Ave.	E14072, IA, 50627	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:	
Kristin Hagedon		
Nerne J211 Edgington Ave.	Eldora, I.A., 50627	
Mailing Address (if different from above)	City, State, Zip (If different from above)	
khagedo@dhs.state,ia.us		
Email Address	Area Code & Telephone Number (if different from	above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Ivester Church of the Bre	thren, c/o Ms. Alice Draper	į.		
Name				
32668 232nd St.	Eldora, IA 50627	11		
Mailing Address	City, State, Zip Code	6/23/2011	\$ 141.00	
		Dale of Gift, Bequest, or Grant	Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair markel va receiving department or office. If n	*value is defined as "fair markel value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)				

Provide a description of the gift, bequest, or grant and purpose thereof:

food & gifts for a student birthday party

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon allim that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kustin Hagedon
Signalure

6/23/11 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.lowa.gov/ethics



FORM-GBG
Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state
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DEPARTMENT OR OFFICE REC	EIVING THE GIFT, BEQUEST, (OR GRANT:	يا	<u> </u>	
State Training School				- 1	
Name of Department or Office 3211 Edgington Ave.	E	dom, IA, 50627	70_		
Mailing Address	CI	lty, State, Zip Code	<u> </u>		
Area Code & Telephone No.			••		
ONTACT PERSON FOR RECI	PIENT DEPARTMENT OR OFFIC	E:			
Kristin Hagedon	 				
Name					
J211 Eogington Ave. Mailing Address (if different from ab	0)/2)	Eldora, LA. 50627 City, State, Zip (if different fr	rom ahova)		
khigedo@dbs.siate.ia.us	U10/	orth orang the firming out in	· •··· •••••		
Email Address		Area Code & Telephone Nu	mber (if different from above)		
Mr. David Fritz Name 111 E. 3rd St, Ste 710 Malling Address	Davenport, IA 52801 City, State, Zip Code	6/7/2011 Date of Gift, Bequest, or Gra	\$ 50.00		
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined in receiving department or office. If no value mark "0.00".		by	
Email Address (optional)					
Provide a description of the cift. be	quest, or grant and purpose thereof:				
	clubs for the STS P.E. Depa	ntment			
Criteria lo use this form:		•			
Receipt of any gift, bequest, or gra	nı that is received by any department	of the stale or received by the Gove	mor on behalf of the state.		

Statement of Affirmation:

Kristin Hagedon Kristin Hagedon affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concaming the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 60319 Fax: (515)281-3701 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of fowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state.

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GR

State Training School		
Name of Department or Office 3211 Edgington Avc.	Eldora, IA, 50627	51
Mailing Address 61-858-502	City, State, Zip Codé	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPA	RTMENT OR OFFICE:	

Kristin Hagedon	
Name J211 Edgegren Ave.	Eldom, 1.a., 50627
Malling Address (if different from above)	City, State, Zip (if different from above)
khagodo@dha-state.la.us	
Email Address	Area Code & Telephone Number (If different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Pat Fuchs			
Name			
1014 9th Ave.	Eldora, IA 50627		
Mailing Address	Cily, State, Zip Code	6/30/11	\$ 20.00
		Date of Gift, Bequest,	or Grant Amount/Value*
Area Code & Telephone Num	ber	*value is defined as "I receiving department	air market value" of Item as determined by or office. If no value mark "0.00".
Email Address (optional)	· · · · · · · · · · · · · · · · · · ·		

Provide a description of the	gifi, bequest, or grant and purpose thereof:
cash donation to be	used towards State Training School RIF program.
Criteria to use this form;	
Receipt of any diff because	l, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

(in that the glift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon

7/6/ll Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12TH, SUITE 1A DES MOINES, IA 60319 Fax: (515)281-3701 www.lowa.gov/ethics



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FORM-GBG Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked Computer

DEPARTMENT OR OF	FICE RECEIVING THE GIFT,	. BEQUEST	, or gran	ŧТ:
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State Training School		
Name of Department or Office 3211 Edgington Ave.	Eldom, 1A, 50627	2
Malling Address 641-558-5402	City, State, Zip Code	2
Area Code & Telephone No.		•••
CONTACT PERSON FOR RECIPIENT DEPARTM	MENT OR OFFICE:	ن ا
Kristin Hagedon		
Name 321) Edgiagon Ave.	Eldors, 1A. 50627	
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (If different from above	a)

DONOR OF GIFT, BEQUEST, OR GRANT:

Pat Fuchs			
Name			
1014 9th Ave.	Eldora, IA 50627		
Mailing Address	City, State, Zip Code	6/30/11	\$ 20.00
		Date of Gift, Bequest,	or Grant Amount/Value*
Area Code & Telephone Nun	nber	*value is defined as "f receiving department	fair market value" of Item as determined by or office, If no value mark "0.00".
Email Address (optional)			

Provide a description of the gift, bequest, or grant and purpose thereof:

cash donation to be used towards State Training School RIF program.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Kristin Hagedon	affirm that the gift, bequest,	or grant reported above is accurate.	I further affirm that the information concerning if
donor and assessment of the fa	ir markel value (II applicable)	is correct and true to the best of my	knowledge.

Date
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